

Direct and Indirect Effect of Childhood Traumatic Experiences on Cluster-B Personality Disorders in Adults

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Abstract

Background: There has been no detailed investigations of the association between different types of childhood traumatic experiences and personality disorders (PDs) and mediating effect of maladaptive schemas among young adults in Pakistan. Hence, this study aimed to explore the relationship between retrospective reports of various types of childhood traumatic experiences and current diagnostic and statistical manual of mental disorders (DSM-V) PDs in a non-clinical population in Pakistan, Sargodha.

Objective: To investigate the relationship between childhood's traumatic experiences, maladaptive schemas personality disorders and examine the indirect effect of childhood traumatic experiences.

Study type, settings and duration: A cross-sectional study was conducted at Sargodha, Pakistan from October 2016 to November 2017.

Subjects and Methods: The study population comprised of 300 adults. Data was collected by administering childhood traumatic questionnaire, young schema questionnaire and personality diagnostic questionnaire. SPSS-23 had been used for data analysis. Correlation and mediation analysis was done through process software.

Results: Male to female ratio was 1:1. Childhood traumatic experiences had positive correlation with histrionic ($r = .23, p < 0.05$), narcissistic ($r = .14, p < 0.05$), borderline ($r = .19, p < 0.05$) and antisocial personality disorder ($r = .17, p < 0.01$). Childhood traumatic experiences had positive correlation with early maladaptive schemas ($r = .82, p < 0.01$). Thus Childhood traumatic experiences have direct and indirect effect (through schemas) on personality disorders which was anticipated in the study.

Conclusion: Childhood traumatic experiences contribute to personality disorder later in life among young adults through maladaptive schemas.

Key words: Childhood traumatic experiences, maladaptive schemas, histrionic, antisocial, narcissistic, borderline personality disorder.

Introduction

According to global health, personality disorder has long lasting negative effects on both health, social life, education, personality and

relationships. In 21st century, many treatments were introduced and practiced in the institution which are trying to diagnose and treat these disorders at earlier stage as well as in adults. Childhood traumatic experiences causing internal variations such as physical abuse, physical neglect, emotional abuse and neglect.¹ Studies found that negative or traumatic experiences during childhood have significant impact on children which let children prone to personality disorder at adult age.^{2,3} Research indicates that early traumatic experiences have been associated with different type of personality disorders, including antisocial PD, histrionic PD, borderline PD and narcissistic PD.⁴ Another study has recognized the direct link between traumatic experiences in childhood and various types of personality disorders.⁵ Beck model of psychopathology also confirmed their association with personality disorders in later life.⁶ Research

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identified that childhood traumatic experiences contributed to the personality disorders in adulthood.⁷ If these experiences like constant physical abuse, emotional abuse, physical neglect and emotional neglect exist in early life, they result in negative impact in adulthood.⁸

Clinical observations explored that individuals who faced traumatic events during childhood are more prone to personality related problems during adulthood. The consequences of personality problems depend upon the severity level of childhood traumatic experiences.⁹ Traumatic experiences during childhood may damage the individual self-integration such as their mental schemas. Literature review also provide support that traumatic event in childhood are associated with the development of maladaptive schemas.⁷ Cognitive psychology attributed that the influence of childhood traumatic events on later psychopathology may be mediated through individuals negative maladaptive schemas.¹⁰ Young model endeavored to explain the association between childhood traumatic experience and later symptom of psychopathology through maladaptive schemas.^{7,11}

According to the literature, it has been suggested that early maladaptive schemas play a mediating role in childhood traumatic experiences and personality disorders.¹² The research also reveals the fact that early maladaptive schemas are significantly linked to personality disorders in adults.¹³ The current study investigated the mediating role of early maladaptive schemas between childhood traumatic experiences and personality disorders symptoms. We hypothesized that maladaptive schemas will mediate between negative childhood-traumatic experiences and personality disorders among adults including histrionic, antisocial, narcissistic and borderline personality disorders.

Subjects and Methods

The study was conducted in Sargodha city, Pakistan, and comprised of adults (N = 300) enrolled through purposive sampling. The participants having more than 18 years were included in the study. The DSM-V has recommendations that these disorders can be diagnosed among the adults who are not less than 18 years old. The sample was equally divided in male (n = 150, 50%) and female adults (n = 150, 50%). The participants provided information on their childhood traumatic experiences, early maladaptive schemas and personality disorders. The ethical clearance was taken from institution and written informed consent was taken from the participants. Data was collected from classes in the presence of

the teacher in order to increase the return rate. In order to remove the selection bias, the teacher briefed about the nature of research and later left the hall to avoid influence. Data was collected from University of Sargodha and University of Lahore. The researchers briefed the participants about how to fill the questionnaires, complete the scales and were available in the classrooms to assist any kind of problem/ queries regarding questionnaires. Participants were given ample time to complete their task. Respondents were requested not to leave even a single question unanswered. The data sheets were collected by the researcher.

Childhood Trauma Experiences Scale is a self-report measure developed by Bernstein¹⁴ and was translated into Urdu by the researchers. It was used to measure childhood or adolescent abuse and neglect. A five point rating scale was used in this study. In this scale, overall experiences were studied. Young Schema Questionnaire measures maladaptive schemas¹⁵ which were developed among adults due to the inappropriate parenting. In this research, overall schemas were studied. The translated scale of Urdu version was used in this study. A five point response pattern was used in this scale. The scale was purchased from the authorities concerned and then written permission was obtained. Personality diagnostic questionnaire¹⁶ was used to measure four personality disorders with 20 questions. However, four personality disorders were investigated in this research including histrionic, antisocial, narcissistic and borderline personality disorder. True-false response format was used in this scale.

SPSS-23 was used for data analysis. Initially descriptive statistics, skewness and reliability coefficients were computed for all scales. Process software was applied for testing the mediation hypothesis regarding the mediating role of maladaptive schemas between childhood traumatic experiences and personality disorders among adults.

Results

All scales like childhood traumatic experiences, negative schemas, histrionic PD, antisocial PD, narcissistic PD and borderline PD had greater than 0.70 alpha reliability coefficients. The values of skewness for all scales ranged from 0.08 to 0.70. The findings indicate that childhood traumatic experiences has significant positive correlation with negative schemas ($p < .001$), histrionic ($p < .001$), antisocial ($p < .001$), narcissistic ($p < .05$) and borderline ($p < .001$). Negative schemas had positive correlation with histrionic (p

<.001), antisocial ($p < .001$), narcissistic ($p < .05$) and borderline ($p < .001$). Histrionic personality disorder had positive correlation with antisocial ($p < .001$), narcissistic ($p < .001$) and borderline ($p < .001$). Antisocial personality disorder had positive correlation with narcissistic ($p < .001$) and borderline ($p < .001$). Narcissistic personality disorder had positive correlation with borderline ($p < .001$).

Table-2 shows direct and indirect effects of negative traumatic experiences on personality disorders through schemas. The Sobel's Z values confirmed that there is mediating effect of schemas between negative traumatic experiences and cluster-B personality disorders including narcissistic PD, histrionic PD, antisocial PD and borderline PD.

Discussion

The findings of the present research revealed that childhood traumatic experiences has the most significant impact on Cluster B personality disorder such as (histrionic, narcissistic, antisocial and borderline personality disorder). This study support the findings from the previous study, those findings indicate that childhood traumatic experiences are risk factor for a wide range of personality disorders in non-clinical samples.¹⁷

The correlation analysis showed the association between childhood traumatic experiences and maladaptive schemas. Another study has the same findings that maltreatment in

Table 1: Psychometric properties and correlation coefficients of study variables.

| Variable | M | SD | α | Potential Range | Actual Range | Skewness | 1 | 2 | 3 | 4 | 5 | 6 |
|---------------------------------|--------|-------|----------|-----------------|--------------|----------|---|-------|-------|-------|-------|-------|
| Childhood traumatic experiences | 44.30 | 11.55 | .73 | 20-100 | 26-88 | .46 | - | .82** | .23** | .17** | .14* | .19** |
| Negative schemas | 266.42 | 59.58 | .94 | 90-540 | 138-510 | .08 | | - | .22** | .20** | .13* | .23** |
| Histrionic PD | 3.86 | 1.52 | .72 | 0-8 | 0-8 | .15 | | | - | .25** | .37** | .38** |
| Antisocial PD | 9.80 | 5.84 | .85 | 0-28 | 0-27 | .66 | | | | - | .21** | .68** |
| Narcissistic PD | 3.78 | 1.65 | .78 | 0-8 | 0-8 | .11 | | | | | - | .33** |
| Borderline PD | 6.22 | 2.78 | .76 | 0-20 | 0-19 | .38 | | | | | | - |

* $p < .05$. ** $p < .001$.

Table 2: Direct and indirect effect of negative traumatic experiences on personality disorders through schemas.

| Outcome | Predictors | Direct Effect | | | | Indirect Effect | | | | | |
|-----------------|--------------------------------|---------------|--------|------|----------------|-----------------|-----|--------|-----|----------|-----------|
| | | B | 95% CI | | R ² | F | B | 95% CI | | F | Sobel's Z |
| Schemas | Negative traumatic experiences | 4.24*** | 3.90 | 4.57 | | | | | | | |
| Narcissistic PD | Schemas | .07*** | .01 | .09 | .70 | 728.62*** | .18 | .01 | .10 | 20.88*** | .18 |
| | Negative traumatic experiences | .09 | -.05 | .08 | | | | | | | |
| Schemas | Negative traumatic experiences | 4.23*** | 3.90 | 4.57 | | | | | | | |
| Histrionic PD | Schemas | .08*** | .00 | .04 | .67 | 619.62*** | .10 | .01 | .03 | 8.88*** | .05 |
| | Negative traumatic experiences | .02 | -.00 | .03 | | | | | | | |
| Schemas | Negative traumatic experiences | 4.23*** | 3.90 | 4.67 | | | | | | | |
| Antisocial PD | Schemas | .01*** | .00 | .04 | .82 | 728.62*** | .08 | .00 | .17 | 20.89*** | .18 |
| | Negative traumatic experiences | .00 | -.09 | .10 | | | | | | | |
| Schemas | Negative traumatic experiences | 5.39*** | 4.90 | 6.78 | | | | | | | |
| Borderline PD | Schemas | .01* | .00 | .009 | .79 | 630.46*** | .04 | .01 | .08 | 8.65** | .05 |
| | Negative traumatic experiences | .00 | .04 | .085 | | | | | | | |

* $p < .05$, ** $p < .01$, *** $p < .001$.

childhood has showed the elevated maladapted schemas.¹⁸ The maladaptive schemas stem from childhood when needs are not satisfied properly and children remain emotionally disturbed. During the course of child development, these traumatic experiences lead towards greater risk of psychopathology¹⁹ and these maladaptive schemas play central part in personality disorders among adults.¹⁹

The correlation findings also showed that strongest relationship exist between childhood traumatic experiences with cluster-B personality disorders such as (histrionic, narcissistic, antisocial and borderline PDs). These results were supported with previous literature. According to previous research, early trauma in childhood lead the individual to become five times more prone to PD as compared to non-clinical population.^{20,21} Another study²² found that negative childhood traumatic experiences are strongly related with PDs and early maladaptive schemas in children.

Childhood traumatic experiences causing internal variations such as physical abuse, physical neglect, emotional abuse and neglect.⁷ This variation leave an adult at pole and its negative effects are long lasting resulting in different personality disorder among children.

The present research findings indicated that greater level of childhood emotional abuse may risk developing histrionic personality disorder. Histrionic PD is characterized as prevailed emotionality with inclination to take emotional side of even ordinary matters in life. These individuals are most of the time attention seekers in social relationships. Their only goal in life is to always remain center of attention. Most of the times they are not comfortable with others due to the lack of admiration and love they expect from others in all scenarios. Behaviors may include constant seeking of approval or attention. Maladaptive schemas play a vital role in developing this type of personality disorder. As negative schemas mediate when a person faces emotional abuse during childhood, may started to live dramatic life. Emotional abuse and neglect during childhood develops negative schemas that lead to cause excessive emotionality in adulthood.¹⁷ Physical and emotional abuse experienced in childhood results in the development of maladaptive schemas leading to antisocial personality disorders. Individuals with personality disorder have disregard and the violation of the rights of others. Due to experience of traumatic event in childhood, children develop maladaptive schemas and become antisocial in later life. Our findings indicate that heighten physical abuse in childhood triggers antisocial PD in adult age. The diagnostic studies

confirmed the positive history of physical abuse in the childhood among the adult patients of antisocial PD.²³ Moreover, the more pervasive effects of physical abuse are aggressive behaviors and related anti-social factors which manifest themselves in the form of antisocial personality traits.²⁴

Another effect of childhood traumatic experiences is linked with narcissistic personality disorder. Narcissistic personality disorder defined by grandiosity need for admiration and lack of empathy.²⁵ Due to physical and emotional neglect in childhood and other parental rigid rules lead to negative schemas ending in development of narcissistic PDs as they did not recognize their true potentials in their childhood. Therefore, children develop early maladaptive schemas which lead to self-love and they think themselves important as compared to others. In the present study, schemas has mediated between childhood traumatic experiences and narcissistic personality disorder. Young JE et al, described narcissistic in their study to develop maladaptive schemas in order to over compensate for underlying feeling of defectiveness and emotional deprivation.⁷

Individuals with borderline personality disorder (BPD) suffer from emotion deregulation and are emotionally sensitive repetition. The present study aligned with these empirical insights. Current study has found the same link with previous research²⁵ that maladaptive schemas explain or develop the link between traumatic experiences and BPD.

Early childhood traumatic experiences are strongly associated with maladaptive schemas that manifest personality disorder in adults, significantly presenting as Cluster– B personality disorder.

References

1. Terr LC. Childhood traumas: An outline and overview. *FOCUS: J Lifelong Learn Psy* 2003; 1(3): 322-34.
2. Herman JL. Trauma and recovery. New York: Basic Books; 1997.
3. Sar V, Akyuz G, Kundakci T, Kiziltan E, Dogan O. Childhood trauma, dissociation, and psychiatric comorbidity in patients with conversion disorder. *Am J Psy* 2004; 161: 2271-6.
4. Calam R, Horne L, Glasgow D, Cox A. Psychological disturbance and child sexual abuse: A follow-up study. *Ch Abu Neg* 1998; 22: 901-13.
5. Barthauer LM, Leventhal JM. Prevalence and effects of child sexual abuse in a poor, rural community in El Salvador: A retrospective study of women after 12 years of civil war. *Ch Abu Neg* 1999; 23: 1117-26.
6. Grassi-Oliveira R, Stein LM. Childhood maltreatment associated with PTSD and emotional distress in low-

- income adults: The burden of neglect. *Ch Abu Neg* 2008; 32: 1089-94.
7. Young JE, Klosko JS, Weishaar ME. Schema Therapy: A practitioner's guide. H. Hamidpour & Z. Andooz (Persian Translators). Tehran: Arjmand Publication, 2003.
8. Wright MOD, Crawford E, Del Castillo D. Childhood emotional maltreatment and later psychological distress among college students: The mediating role of maladaptive schemas. *Ch Abu Neg* 2009; 33(1): 59-68.
9. Brodhagen A, Wise D. Optimism as a mediator between the experience of child abuse, other traumatic events, and distress. *J Fam Viol* 2008; 23(6): 403-11.
10. Gibb BE, Abramson LY, Alloy LB. Emotional maltreatment from parents, verbal peer victimization, and cognitive vulnerability to depression. *Cog Ther Res* 2004; 28(1): 1-21.
11. Dozois DJ, Beck AT. Cognitive schemas, beliefs and assumptions. In Dobson KS, Dozois DJ. Risk factors in depression (pp. 121-143). Oxford, England: Academic Press. 2008.
12. Baldwin MW. Relational schemas and the processing of social information. *Psychol Bull* 1992; 112: 461-84.
13. Rogosch FA, Cicchetti D. Child maltreatment and emergent personality organization: perspectives from the five-factor model. *J Ab Ch Psy* 2004; 32: 123-45.
14. Bernstein DP, Fink L, Handelsman L, Foote J, Lovejoy M, Wenzel K, et al. Initial reliability and validity of a new retrospective measure of child abuse and neglect. *Am J Psy* 1994; 151: 1132-6.
15. Young JE. Young Schema Questionnaire Short Form (1st ed.). New York: Cognitive Therapy Centre; 1998.
16. American Psychiatric Association. Diagnostic and statistical manual of mental disorders (4th ed., text rev.). Washington, DC: Author, 2000.
17. Tyrka AR, Wyche MC, Kelly MM, Price LH, Carpenter LL. Childhood maltreatment and adult personality disorder symptoms: influence of maltreatment type. *Psy Res* 2009; 165: 281-7.
18. Shiner RL. The development of personality disorders: Perspectives from normal personality development in childhood and adolescence. *Develop Psychopathol* 2009; 21(3): 715-34.
19. Thimm J. Personality and early maladaptive schemas: A five-factor model perspective. *J Behav Ther Exp Psy* 2010; 41: 373-80.
20. Lee R, Geraciotti TD, Jr, Kasckow JW, Coccaro EF. Childhood trauma and personality disorder: positive correlation with adult CSF corticotropin-releasing factor concentrations. *Am J Psy* 2005; 162: 995-7.
21. Spataro J, Mullen PE, Burgess PM, Wells DL, Moss SA. Impact of child sexual abuse on mental health: prospective study in males and females. *Br J Psy* 2004; 184: 416-21.
22. Lumley MN, Harkness KL. Specificity in the relations among childhood adversity, early maladaptive schemas, and symptom profiles in adolescent depression. *Cognit Ther Res* 2007; 31: 639-57.
23. Luntz BK, Widom CS. Antisocial personality disorder in abused and neglected children grown up. *Am J Psy* 1994; 151: 670-4.
24. Scarpa A, Kolko DJ. Aggression in physically abused children. The role of distress proneness. *Ann N Y Acad Sci* 1996; 794: 405-7.
25. van Dijke A, Ford JD, van der Hart O, van Son M, van der Heijden P, Buhning M. Affect dysregulation in borderline personality disorder and somatoform disorder: differentiating under- and over-regulation. *J Per Disord* 2010; 24(3): 296-311.